

SESP Name Goes Here

CES/SE ASSESSMENT REPORT

Client Name _____	VR Counselor _____
Address _____	
Disability _____	
Phone _____	SSN _____
DOB _____	Highest Level of Education _____
Guardianship _____	Person Completing Report _____
Payee _____	Date of Report _____
Brief Work History: 	
Recommendations: (To include) Determination of Competitive Employment: ____ SE ____ CES ____ Supports Case Management ____ EOS ____ Non Competitive (Explanation Required) Task Analysis: ____ Yes ____ No ____ To Be Determined Job Development Recommended: ____ Yes ____ No (Explanation Required)	
Suggested Number of Work Hours: 	
Vocational Goal: 	
Type of Job Coaching: ____ Individual ____ Supports Case Management ____ Enclave	

I have had the opportunity to review this report.

Client/Guardian Signature

Date

Staff Signature

Date

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CES/SE ASSESSMENT REPORT

Client Name:	
1. Job Interests:	
2. Preferences (Self Reported):	
3. Conditions (Must Have):	
4. Outside Influences/Cultural Impact:	
5. Strengths/Abilities/Vocational Skills (Summarized from individual sites):	
6. Employment Support Needs:	
7. Job Specific Accommodations (Determine if specialized evaluation is needed, i.e. rehab tech):	
8. Health/Safety Concerns:	
9. Legal Concerns:	
10. Long Term Support: ___ Yes ___ No (Explanation Required) ___ Pending (Explanation Required) Name of provider:	
11. Financial: List Benefits: Has benefits planning been completed? ___ Yes ___ No	
12. Transportation: Primary: Back Up:	

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COMMUNITY BASED ASSESSMENT SITES

Client Name:			
Site	Employer:		
Date of Assessment			
Number Hours at Site			
Pertinent Information:			
Site	Employer:		
Date of Assessment			
Number Hours at Site			
Pertinent Information:			
Site	Employer:		
Date of Assessment			
Number Hours at Site			
Pertinent Information:			